

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE COMMISSIONED CORPS

REPORT OF COMMISSIONED OFFICER ANNUAL LEAVE - _____
(year)

Name: _____ Address: _____

- * 1. As of January 1, you had a balance of _____ days leave
2. Between January 1 and December 31, you will earn **30** days leave
3. On December 31, your total leave credit will be _____ days leave
4. Between January 1 and September 30, you have taken _____ days leave
5. On December 31, you will have a net balance of _____ days leave
6. By December 31, you must take, or forfeit _____ days leave

* Not more than 60 days leave may be carried forward to a new calendar year

PREPARATION OF THIS FORM

1. On or shortly after September 30 each year, one copy of this form will be completed and furnished to each commissioned officer on active duty.
2. This form is only an informational report to the officer for leave planning purposes. It is not a permanent record. The data reflected on the form will be extracted from the officer's leave record card - Form PHS-31.
3. For those officers who entered on active duty this year, line 1 of the report will be left blank. Lines 2 and 4 will be changed to show date of entry on active duty and the 30 day balance on line 2 will be corrected accordingly.

TO THE OFFICER RECEIVING THIS FORM

1. This form was prepared for the express purpose of making you aware of your prospective leave balance at the end of this calendar year.
2. Please examine this form carefully. If the information reported is correct to the best of your knowledge, you may retain the form and no reply is necessary.
3. If discrepancies are noted on the form, report them to the office responsible for maintaining your leave record card.

Please contact _____

at _____
(office or telephone)